

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101647002

FILING DATE

APPLICANT(S)

5/30/02

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		2				
13		2				
14		2				
15		2				
16		1				
17		1				
18		1				
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49						
50						
TOTAL IND.		9				
TOTAL DEP.		16				
TOTAL CLAIMS		25				

*	IND.	DEP.	*	IND.	DEP.	*
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						